



STATE OF NEW HAMPSHIRE  
**APPLICATION FOR RENEWAL OF CERTIFICATION**  
**WASTEWATER TREATMENT FACILITY OPERATOR**

INSTRUCTIONS TO APPLICANT: (PLEASE TYPE OR PRINT CLEARLY)

Read carefully all instructions and questions. Incomplete or improperly prepared applications will be returned. This program is conducted in accordance with Regulations Relating to the Certification of Wastewater Treatment Plant Operators, Env-Ws 901, adopted by the New Hampshire Department of Environmental Services in April, 1997.

**NOTE: A \$50.00 FEE IS REQUIRED FOR A TWO-YEAR RENEWAL PERIOD. PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO: TREASURER - STATE OF NEW HAMPSHIRE. LACK OF PAYMENT WILL PROHIBIT PROCESSING. A \$25.00 LATE FEE IS ASSESSED WITHIN 90 DAYS OF LICENSE EXPIRATION. BEYOND 90 DAYS, THE LICENSE IS NULL AND VOID.**

1. Name in full \_\_\_\_\_  
(last) (first) (middle)
2. Mailing address \_\_\_\_\_  
New Address: \_\_\_\_ Yes \_\_\_\_ No Telephone # \_\_\_\_\_
3. Certification Number \_\_\_\_\_ Grade \_\_\_\_\_ Expiration Date \_\_\_\_\_
4. Facility currently employed at \_\_\_\_\_
5. Present Title \_\_\_\_\_
6. List educational courses completed, such as vocational school, correspondence courses, and operator's courses at Franklin Training Center, since last license renewal. Give date, name, and duration of course and name of school or sponsoring organization. VERIFICATION MUST BE PROVIDED FOR ALL COURSES. Use the back of this sheet if additional room is needed.

<u>Course Title/Where Attended</u>	<u>Dates/Hours</u>	<u>CEU's Rec'd</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTE: 2.0 CEU's REQUIRED FOR RENEWAL FOR GRADES TWO AND ABOVE.

I hereby certify the information given by me is true and complete to the best of my knowledge. I further agree to abide by the provisions of the Certification Regulations of the New Hampshire Department of Environmental Services' Water Division.

Date \_\_\_\_\_ Signed \_\_\_\_\_

OFFICE USE ONLY: Total CEU's \_\_\_\_\_ Renewal Issued \_\_\_\_\_

PAID? \_\_\_\_\_ Check number \_\_\_\_\_ Initials \_\_\_\_\_